

Health, Welfare, Public Service
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1958

46534

STATE FILE NUMBER

Registration District No.

317

Primary Registration District No.

531

Registrar's No.

3116

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNIVERSITY CITY				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN UNIVERSITY CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR CHRISTIAN OLD FOLKS HOME INSTITUTION 6600 Washington				Lived or stay in lb 6 wks		d. STREET ADDRESS (If outside, give location) 7627 Stanford Ave.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First META Middle - - Last RUHMSCHUSSEL				4. DATE OF DEATH Month DEC. Day 9, Year 1957.							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 24, 1872.		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-TEACHER				10b. KIND OF BUSINESS OR INDUSTRY SCHOOL		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.				12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME KLAUS RUHMSCHUSSEL				14. MOTHER'S MAIDEN NAME MINNA SANDER							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MISS MARTHA HELMKAMP, 7627 Stanford Ave					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Hypertensive heart disease DUE TO (b) Generalized Arterio-sclerosis DUE TO (c) Right hemiplegia due to Cerebral hemorrhage 2-15-54 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4/201										INTERVAL BETWEEN ONSET AND DEATH 5 hrs. 4 years + 4 years +	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Feb 15, 1954 to Dec 9, 1957 and last saw her alive on Nov 28, 1957 Death occurred at 11:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE OB J. M. M. (Degree or title)				22b. ADDRESS 4222 N. Grand				22c. DATE SIGNED 12-10-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				23b. DATE 12/12/57.		23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
24. FUNERAL DIRECTOR CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd., St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. 12-10-57		26. REGISTRAR'S SIGNATURE Herbert R. Dandridge acc					

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John A. McLean*.....

Licensed Embalmer No. *418*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.